

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Chemical Dependency Treatment
Centers
Managed Care Organizations

Memorandum No: 06-92
Issued: December 6, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 or
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Clarifications Related to Chemical Dependency Billing Instructions

Retroactive to dates of service on and after July 1, 1006, the Health and Recovery Services Administration (HRSA) is clarifying policy and updating the Chemical Dependency Billing Instructions.

What has changed?

The Chemical Dependency Title XIX Contractors Outpatient Billing Instructions will be updated after January 2007. Until then, this memo clarifies several sections in the current billing instructions.

Note: The Diagnosis Code and Place of Service claim form instructions have been clarified and are more descriptive to assist in billing for treatment services. See page F.2.

Billing Instructions Replacement Pages

Attached are updated replacement pages for definitions, important contacts, coverage table, Outpatient Reimbursement Schedule and 1500 Claim Form instructions.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

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Important Contacts

Where do I call for information on becoming a DSHS provider, submitting a change of address or ownership, or to ask questions about the status of a provider application?

Call the toll-free line:
800-562-3022

Where do I send my paper claims?

Division of Systems and Monitoring
Office of Claims Processing
Claims Control
PO Box 9245
Olympia WA 98507-9245

How do I request billing instructions?

Go to HRSA's website:
<http://maa.dshs.wa.gov/>

Write/call:
Provider Relations
PO Box 45562
Olympia WA 98504-5562
800.562.3022

Who do I call if I have questions regarding...

Policy or reimbursement rates?

Division of Alcohol & Substance Abuse
PO Box 45330
Olympia, WA 98504-5330
360.725-3750

-or-

Juvenile Rehabilitation Administration
PO Box 45720
Olympia, WA 98504-5720
360.902.8105

Payments, denials, general questions regarding claims processing, Healthy Options?

Provider Relations
800.562.3022

Private insurance or third-party liability, other than Healthy Options?

Coordination of Benefits Section
800.562.3022

Electronic Billing?

Go to:
<http://maa.dshs.wa.gov/>

Definitions & Abbreviations

This section contains definitions and abbreviations (includes acronyms) used in these billing instructions.

Acute Detoxification Services – A method of withdrawing a patient from alcohol or other drugs where nursing services and medications are routinely administered under physician supervision to facilitate the patient's withdrawal. Services include medical screening of patients, medical detoxification of patients, counseling of patients regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified patients to other appropriate treatment programs. Acute Detoxification services shall include all services included in WAC 388-805 or its successor.

Alcohol Abuse - Use of alcohol in amounts hazardous to individual health or safety.

Alcoholism - A disease characterized by:

- A dependence on alcoholic beverages or the consumption of alcoholic beverages;
- Loss of control over the amount and circumstances of use;
- Symptoms of tolerance;
- Physiological or psychological withdrawal, or both, if use is reduced or discontinued; and
- Impairment of health or disruption of social or economic functioning.

Alcoholism and/or Alcohol Abuse Treatment (Outpatient) - Medical and rehabilitative social services provided to an eligible client designed to mitigate or reverse the untoward effects of alcoholism or alcohol abuse and to reduce or eliminate alcoholism or alcohol abuse behaviors and restore normal social, physical, and psychological functioning. Alcoholism or alcohol abuse treatment is characterized by a combination of alcohol education sessions, individual therapy, group therapy, and related activities provided to detoxified alcoholics and their families.

Approved Treatment Facility -A treatment facility, either public or private, for profit or nonprofit, approved by DSHS pursuant to WAC 388-805 and RCW 70.96A.

American Society of Addiction Medicine (ASAM) – An international organization of physicians dedicated to improving the treatment of persons with substance use disorders.

Assessment - The set of activities conducted on behalf of a new client, for the purpose of determining eligibility, evaluating treatment needs, and making necessary referrals and completing forms. The assessment includes all practices listed in applicable sections of WAC 388-805 or its successor.

For the purpose of determining eligibility for Chemical Dependency Disposition Alternative (CDDA), the set of activities will include completion of:

- The Adolescent Drug Abuse Diagnosis (ADAD);
- The “Kiddie” version of the Schedule of Affective Disorders and Schizophrenia (K-SADS); and
- American Society of Addiction medicine (ASAM) and WAC questionnaire forms.

Case Management – Services provided by a Chemical Dependency Professional (CDP) or CDP Trainee to patients assessed as needing treatment and admitted into treatment. Services are provided to assist patients in gaining access to needed medical, social, educational, and other services. Services include case planning, case consultation and referral, and other support services for the purpose of engaging and retaining or maintaining patients in treatment.

Chemical Dependency - An alcohol or drug addiction, or dependence on alcohol and one or more other psychoactive chemicals.

Chemical Dependency Disposition Alternative (CDDA) – A sentencing option of chemically dependent youth offenders which allows judges to order community-based treatment in lieu of confinement. [RCW 13.40.165]

Chemical Dependency Professional (CDP)

– A person certified as a chemical dependency professional by the Washington State Department of Health under Chapter 18.205 RCW.

Chemical Dependency Professional Trainee (CDPT) – A person registered as a chemical dependency professional trainee by the Washington State Department of Health under Chapter 18.205 RCW.

Client - An applicant for, or recipient of, DSHS medical care programs.

Criminal Justice Treatment Account (CJTA) –A fund authorized by the state Legislature to provide community-based substance abuse treatment alternatives for offenders with an addiction or substance abuse problem against whom charges are filed by a prosecuting attorney in Washington State.

Division of Alcohol and Substance Abuse (DASA) – A division within DSHS responsible for providing alcohol and drug related services to help clients recover from alcoholism and drug addiction.

Department - The state Department of Social and Health Services.
[WAC 388-500-0005]

Detoxification – Care and treatment of a person while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs.

Drug Abuse - The use of a drug in amounts hazardous to a person's health or safety.

Drug Addiction - A disease characterized by:

- A dependency on psychoactive chemicals;
- Loss of control over the amount and circumstances of use;
- Symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued; and
- Impairment of health or disruption of social or economic functioning.

Drug Addiction and/or Drug Abuse

Treatment - Medical and rehabilitative social services provided to an eligible client designed to mitigate or reverse the effects of drug addiction or drug abuse and to reduce or eliminate drug addiction or drug abuse behaviors and restore normal physical and psychological functioning. Drug addiction or drug abuse treatment is characterized by a combination of drug and alcohol education sessions, individual therapy, group therapy and related activities provided to detoxified addicts and their families.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) – (Formerly referred to as the "Healthy Kids" program.) A program providing early and periodic screening, diagnosis and treatment to persons under twenty-one years of age who are eligible for Medicaid or the children's health program.

Expanded Chemical Dependency

Assessment - Comprehensive assessments of adults that are provided for the following populations that include the specified conditions:

1. Adults who are referred by the Children's Administration (CA) staff. These comprehensive assessments must include:
 - Chemical dependency diagnosis with a specific recommended level or modality of chemical dependency treatment based on ASAM that includes the recommended duration of chemical dependency treatment;
 - A list of the assessment instruments/tools used in the assessment process;
 - Psychosocial history, including past drug/alcohol use, financial problems, education, and legal issues;
 - Information from collateral contacts that include friends, relatives, immediate and extended family members, and professional service providers who have had prior involvement with the patient;
 - Results of an initial urinalysis; and
 - Prognosis for recovery.
2. Adults receiving Supplemental Security Income (SSI) or SSI-related medical assistance (aged, blind, or disabled adults) whose assessment is conducted in an off-site setting, such as a nursing home or the patient's home. The off-site setting must meet the criteria for such as identified in WAC 388-805-640.

Explanation of Benefits (EOB) - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

Group Therapy - Planned therapeutic or counseling activity conducted by one or more certified CDPs or CDPTs to a group of three or more unrelated individuals and lasting at least 45 minutes. Acupuncture may be included as a group therapy activity if:

- A CDP or CDPT is present during the activity, and
- The provision of these services is written into the master treatment plan for the patient, and
- The services are documented in the patient case file in the progress notes.

Health and Recovery Services

Administration (HRSA) - The administration within DSHS authorized by the secretary to administer the acute care portion of Title XIX Medicaid, Title XXI State Children's Health Insurance Program (SCHIP), Title XVI Supplemental Security Income for the Aged, Blind, and Disabled (SSI), and the state-funded medical care programs, with the exception of certain nonmedical services for persons with chronic disabilities.

Health Maintenance Organization (HMO)

– An entity licensed by the office of the insurance commissioner to provide comprehensive medical services directly to an eligible enrolled client in exchange for a premium paid by the department on a prepaid capitation risk basis.

[WAC 388-500-0005]

Healthy Options – See Managed Care.

Individual Therapy - A planned therapeutic or counseling activity provided to an eligible client by a certified CDP or group of certified CDPs. Individual therapy includes treatment provided to a family group consisting of a primary client and one or more significant others, or treatment provided to a couple who are married, contemplating marriage, or living together. Individual therapy may be provided to a family group without the primary client present.

Initial Screen – Component of the expanded assessment process for CA-referred patients in which the chemical dependency agency:

- Begins the assessment process;
- Completes the initial-short assessment and the urinalysis; and
- The patient fails to return to complete the Expanded Chemical Dependency assessment.

Intake Processing- The set of activities conducted on behalf of a new client. Intake processing includes all practices listed in applicable sections of WAC 388-805 or its successor. Intake processing includes obtaining a written recommendation for chemical dependency treatment services from a referring licensed health care practitioner.

Intensive Youth Case Management – Services provided by a certified CDP or CDPT acting as a case manager to a youth under the CDDA program who is in need of, or currently using, chemical dependency treatment services. The purpose is to assist juvenile offenders in the JRA system to obtain and efficiently utilize necessary medical, social, educational and other services to improve treatment outcomes. A provider must hold a contract with JRA to provide this service. Minimum standards of performance are issued by JRA.

Juvenile Rehabilitation Administration (JRA)- An administration within DSHS responsible for providing a continuum of preventative, rehabilitation, residential, and supervisory programs for juvenile offenders and their families.

Managed Care - A prepaid comprehensive system of medical and health care delivery including preventive, primary, specialty, and ancillary health services.
[WAC 388-538-050]

Maximum Allowable - The maximum dollar amount for which a provider may be reimbursed by HRSA for specific services, supplies, or equipment.

Medicaid - The federal aid Title XIX program under which medical care is provided to persons eligible for:

- Categorically needy program as defined in WAC 388-503-0310 and 388-5111105; or
- Medically needy program as defined in WAC 388-503-0320.
[WAC 388-500-0005]

Opiate Substitution Treatment - Services provided to clients in accordance with WAC

388-805 or its successor. Services are consistent with all state and federal requirements and good treatment practices and must include, as a minimum, the following services: physical examination upon admission; urinalysis testing one time per month; initial treatment plan and treatment plan review one time per month; vocational rehabilitation services as needed (may be by referral); dose preparation and dose dispensing; detoxification if and when needed; patient case management; individual and/or group counseling one time per month; one session of family planning; HIV screening, counseling, and testing referral; and psychological screening.

Patient Identification Code (PIC) - An alphanumeric code that is assigned to each HRSA client consisting of:

- a) First and middle initials (or a dash [-] must be entered if the middle initial is not indicated).
- b) Six-digit birthdate, consisting of *numerals only* (MMDDYY).
- c) First five letters of the last name (and spaces if the name is fewer than five letters).
- d) Alpha or numeric character (tiebreaker).

Pregnant and Postpartum Women (PPW) Assessment – Assessment provided to an eligible woman who is pregnant or postpartum. The postpartum period covers the 60 days after delivery and any remainder of the month in which the 60th day falls.

Provider or Provider of Service - An institution, agency, or person:

- Who has a signed agreement with the department to furnish medical care, goods, and/or services to patients; and
- Is eligible to receive payment from the department under WAC 388-502-0010; and
- Is certified by DASA under WAC 388-805 if providing chemical dependency treatment services.

Remittance and Status Report (RA) - A report produced by the claims processing system in the Division of Program Support, Medical Assistance Administration that provides detailed information concerning submitted claims and other financial transactions.

Revised Code of Washington (RCW) Washington State laws.

Sub-Acute Detoxification Services – A method of withdrawing a patient from alcohol or other drugs utilizing primarily social interaction between patients and staff within a supportive environment designed to facilitate safety for patients during recovery from the effects of withdrawal from alcohol or other drugs. Withdrawal medications are ordered by a physician and self-administered by the patients, not staff. Services include screening of patients, non-medical detoxification of patients, counseling of patients regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified patients to other appropriate treatment programs. Sub-Acute Detoxification services shall include all services included in WAC 246-326-100 or its successor.

Temporary Assistance For Needy Families (TANF) - The federal welfare program established in 1996 that combined the Aid to Families with Dependent Children (AFDC) (cash aid) and the JOBS Opportunities and Basic Skills (welfare-to work) programs into one program funded by one federal block grant.

TANF Client - Clients eligible for TANF who are receiving assessment and treatment services.

Third Party - Any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished under a State plan. [42 CFR 433.136]

Title XIX - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid. [WAC 388-500-0005]

Tuberculosis (TB) Testing - Administration and reading of the Intradermal Skin Test, to screen for tuberculosis, by: licensed practitioners within the scope of their practice as defined by state law or by DOH WACs; or as provided by a tuberculosis community health worker approved by the DOH.

Usual & Customary Fee - The rate that may be billed to the department for a certain service or equipment. This rate may not exceed 1) the usual and customary charge that you bill the general public for the same services, or 2) if the general public is not served, the rate normally offered to other contractors for the same services.

Washington Administrative Code (WAC)
Codified rules of the State of Washington.

Washington Medicaid Integration Partnership (WMIP) – Voluntary managed care plan for Aged, Blind and Disabled clients in Snohomish County which includes coverage of some chemical and dependency services.

Youth - Individuals over 9 and under 21 years of age.

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Client Eligibility

Who is eligible?

Only those clients who present a Medical Identification (ID) Card with the following identifiers are **eligible** for services under the Chemical Dependency Program:

Medical Program Identifier	Medical Program Name
CNP	Categorically Needy Program
CNP – CHIP	Children’s Health Insurance Program
CNP – QMB	Categorically Needy Program – Qualified Medicare Beneficiary
LCP-MNP	Limited Casualty Program - Medically Needy Program
MNP – QMB	Medically Needy Program – Qualified Medicare Beneficiary

The client's Medical Assistance ID Card must show eligibility for the date(s) services are rendered.

Examples of who is not eligible

Clients who present a Medical Assistance ID Card with one of the following identifiers are **not eligible** for treatment services under the Chemical Dependency Program. **These are only examples and should not be considered an exhaustive list.**

Medical Program Identifier	Medical Program Name
CNP – Emergency Medical Only	Categorically Needy Program – Emergency Only
Detox Only	DETOX
Family Planning Only	Family Planning
GA-U No Out of State Care	General Assistance - Unemployable
QMB Medicare Only	Qualified Medicare Beneficiary – Medicare Only
TAKE CHARGE	TAKE CHARGE Family Planning Program

Are patients who are enrolled in an HRSA managed care plan eligible for services under the Chemical Dependency Treatment program?

Yes! Clients who are enrolled in an HRSA managed care plan are eligible for chemical dependency treatment services outside their plan. HRSA reimburses chemical dependency treatment services through fee-for-service. **No referral is required from the managed care plan when services are provided by DASA providers.**

Clients who are enrolled in an HRSA managed care plan will have an “HMO” identifier in the HMO column on their Medical ID cards

Clients who are enrolled in the **Washington Medicaid Integration Partnership (WMIP)** project are an exception to this. In Snohomish County, clients with an identifier of “MINT” in the HMO column of their Medical ID card are enrolled in a managed care organization and must receive outpatient chemical dependency treatment services through the managed care organization – Molina Healthcare of Washington.

Coverage/Limitations

Service	Limitation
Acute Detoxification Services	<ul style="list-style-type: none"> • Covered once per day, per client. • Covered up to a maximum of 3 consecutive days for alcohol detoxification. • Covered up to a maximum of 5 consecutive days for drug detoxification.
Case Management	<ul style="list-style-type: none"> • Covered up to a maximum of 5 hours per calendar month per client. • One unit equals 15 minutes. • Must be provided by a certified CDP or CDP Trainee. • Cannot be billed for the following activities: outreach, time spent reviewing a certified CDP Trainee's file notes, internal staffings, writing treatment compliance notes and progress reports to the court, interactions with probation officers, and court reporting.
Chemical Dependency Assessment	<ul style="list-style-type: none"> • Covered for new and returning clients only if the date of intake occurs more than 30 days from the last date of any covered outpatient treatment services by the same agency.
CA Initial Screen	<ul style="list-style-type: none"> • Covered once per patient. • Do not bill if the Expanded Assessment has been completed and billed or until 60 days after the screen was completed, the sample collected, and the patient did not return to complete the assessment. • Covered only as a component of an expanded assessment for CA-referred clients
Expanded Chemical Dependency Assessment	<ul style="list-style-type: none"> • Covered for new and returning clients only if the date of intake occurs more than 30 days from the last date of any covered outpatient treatment services by the same agency. • If an Initial Screen has been billed for a Children's Administration (CA) referred client, the billing for the Expanded Assessment must be reduced by the amount of the Initial Screen, as the Initial Screen is a component of the Expanded Assessment for a CA client.
Intake Processing	<ul style="list-style-type: none"> • Covered for new and returning clients only if the date of intake occurs more than 30 days from the last date of any covered outpatient treatment services, except for an assessment, by the same agency.

SERVICE	LIMITATION
Individual Therapy - DASA	<ul style="list-style-type: none"> • Covered up to a maximum of 3 hours per day, per client. • Individual therapy is covered only when provided for a minimum of 15 minutes. • One unit equals 15 minutes. After the first 15 minutes, each additional unit is billed after it is begun rather than after it is finished (ex: when a session lasts 17 minutes it is billed as two units). <p>Note: When family members attend an individual session either in lieu of or along with the primary client, the session may be claimed only once regardless of the number of family members present.</p>
Individual Therapy Full Visit- JRA	<ul style="list-style-type: none"> • One unit covered per day, per client. • One unit equals one hour. • Individual therapy is covered only when provided for a minimum of one hour. • Billable only for providers who hold contracts established through JRA. <p>Note: When family members attend an individual session either in lieu of or along with the primary patient, the session may be claimed only once regardless of the number of family members present.</p>
Individual Therapy Brief Visit - JRA	<ul style="list-style-type: none"> • Covered once per day, per patient. • A session of 15 minutes to 45 minutes in duration constitutes a brief visit. • Billable only for providers who hold contracts established through JRA. <p>Note: When family members attend an individual session either in lieu of or along with the primary patient, the session may be claimed only once regardless of the number of family members present.</p>
Intensive Youth Case Management - JRA	<ul style="list-style-type: none"> • Covered once per calendar month for clients under 21 years of age. • Services may only be performed for youth in the CDDA program by the providers identified by JRA.

<p>Group Therapy</p>	<ul style="list-style-type: none"> • Covered up to a maximum of 3 hours per day. • Claims for group therapy may be made only for those eligible clients or their families within the group. • One unit equals 15 minutes. • • Group therapy is covered only when provided for a minimum of 45 minutes (3 units) up to a maximum of 3 hours (12 units) per client, per day. • Acupuncture is considered a group therapy procedure for the primary client only if a CDP or CDPT is present during the activity. <p>Note: When family members attend a group therapy session either in lieu of or along with the primary client, the session may be claimed only once regardless of the number of family members present.</p>
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**DIVISION OF ALCOHOL AND SUBSTANCE ABUSE
ALCOHOL AND DRUG TREATMENT
OUTPATIENT SERVICE REIMBURSEMENT SCHEDULE**

For services provided on and after October 1, 2003

Procedure Codes- Modifier		HCPCS/ CPT Code Description	Service	Fee-for- Service Maximum Rates
General	CJTA * Funded			
H0003-HF		Alcohol and/or drug screening	CA Initial Screening	\$18.33
H0001-TG		Alcohol and/or drug assessment, complex/high tech level of care	Expanded Chemical Dependency Assessment	\$177.69
H0001-HF	H0001-HZ	Alcohol and/or drug assessment, substance abuse program	Chemical Dependency Assessment	\$91.22
H0001-HD		Alcohol and/or drug assessment, pregnant/parenting women's program	Pregnant & Postpartum Women Assessment	\$91.22
H0002-HF	H0002-HZ	Screening for admission to treatment program	Intake Processing	\$13.38
96154-HF	96154-HZ	Health and behavior intervention, family with patient present	Individual Therapy with Client Present	\$14.21 per 15 minutes
96155-HF	96155-HZ	Health and behavior intervention, family with patient present	Individual Therapy Without Client Present	\$14.21 per 15 minutes
96153-HF	96153-HZ	Health and behavior intervention, group	Group Therapy (Minimum 45 minutes)	\$4.47 per 15 minutes
T1017-HF	T1017-HZ	Targeted case management, each 15 minutes	Case Management	\$7.50 per 15 minutes
H0020-HF	H0020-HZ	Methadone administration and/or service	Opiate Substitution Treatment	\$10.36 per day
86580	86580	Tuberculosis test intradermal	Tuberculosis Testing	\$5.92

*CJTA = Criminal Justice Treatment Account

**JUVENILE REHABILITATION ADMINISTRATION
ALCOHOL AND DRUG TREATMENT
OUTPATIENT SERVICE REIMBURSEMENT SCHEDULE**

For services provided on and after October 1, 2003

Procedure Codes-Modifier		HCPCS/CPT Code Description	Service	Fee-for-Service Maximum Rates
CDDA* Locally Sanctioned	CDDA Committable			
H0001-U7	H0001-H9	Alcohol /or drug assessment; Substance Abuse Program	Chemical Dependency Assessment	\$91.22
H0002-U7	H0002-H9	Screening for admission to treatment program	Intake Processing	\$13.38
H2035-U7	H2035-H9	Alcohol and/or drug treatment program, per hour	Individual Therapy – Full Visit (Minimum 1 hour)	\$91.22
H0047-U7	H0047-H9	Alcohol and/or drug abuse services, not otherwise specified	Individual Therapy - Brief Visit (15-45 minutes for Individual and/or family)	\$30.35
96153-U7	96153-H9	Health and behavior Intervention, group	Group Therapy (Minimum 45 minutes)	\$4.47 Per 15 minutes
H0006-U7	H0006-H9	Health and behavior Intervention, group	Intensive Youth Case Management	\$194.35 Per month
86580	86580	Tuberculosis test intradermal	Tuberculosis Testing	\$5.92

*CDDA = Chemical Dependency Disposition Alternative

Note: Billing for these services is restricted to those providers who are contracted to provide services to CDDA youth through a JRA contract.

Completing the 1500 Claim Form

Attention! HRSA now accepts the new 1500 Claim Form.

- **On November 1, 2006**, HRSA began accepting the new 1500 Claim Form (version 08/05).
- **As of April 1, 2007**, HRSA will no longer accept the old HCFA-1500 Claim Form.

Note: HRSA encourages providers to make use of electronic billing options.
For information about electronic billing, refer to the *Important Contacts* section.

Refer to HRSA's current *General Information Booklet* for instructions on completing the HCFA-1500 claim form.

You may download this booklet from HRSA's website at:

<http://maa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/General%20Information.html> or request a paper copy from the Department of Printing (see *Important Contacts* section).

For questions regarding claims information, call HRSA toll-free:

800.562.3022

Field No.	Name	Field Required	Entry
24A.	Date(s) of Service	Yes	<p>Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., October 04, 2007 = 100407).</p> <p>Providers must bill only a single date of service per line for procedure codes that allow multiple units on a daily basis.</p> <p>Do not use slashes, dashes, or hyphens to separate month, day, year (MMDDYY).</p>

Chemical Dependency

24B.	Place of Service	Yes	<p>The following is the only appropriate code(s) for Washington State Medicaid:</p> <table><thead><tr><th>Code Number</th><th>To Be Used For</th></tr></thead><tbody><tr><td>57</td><td>Non-Residential Substance Abuse Treatment Facility</td></tr><tr><td>55</td><td>Residential Substance Abuse Treatment Facility</td></tr><tr><td>50</td><td>Federally Qualified Health Care Center</td></tr><tr><td>07</td><td>Tribal 638 free standing facility</td></tr><tr><td>08</td><td>Tribal 638 provider Facility</td></tr></tbody></table> <p>Note: Place of Service codes have been expanded to include all places of service related to providing chemical dependency treatment services.</p>	Code Number	To Be Used For	57	Non-Residential Substance Abuse Treatment Facility	55	Residential Substance Abuse Treatment Facility	50	Federally Qualified Health Care Center	07	Tribal 638 free standing facility	08	Tribal 638 provider Facility
Code Number	To Be Used For														
57	Non-Residential Substance Abuse Treatment Facility														
55	Residential Substance Abuse Treatment Facility														
50	Federally Qualified Health Care Center														
07	Tribal 638 free standing facility														
08	Tribal 638 provider Facility														
24E.	Diagnosis Code	Yes	<p>Enter 303.90 (for alcohol dependency) <u>or</u> 304.90 (for drug dependency).</p> <p>For youth and pregnant and postpartum women, the following diagnosis codes may be used <u>only when billing for assessments</u> to distinguish abuse: 305.00 (for alcohol abuse) <u>or</u> 305.90 (for drug abuse). <u>When billing for treatment services, the 303.90 or 304.90 codes must be used.</u></p> <p>A diagnosis code is required on each line billed. For assessment purposes, the diagnosis code does not reflect the outcome of the assessment or the diagnosis of the patient.</p>												